

My Peak Flow Chart

My Name: _____

My Controller Medicine: _____

My Personal Best Peak Flow Number is _____

Dose: _____

My **Green Zone** is above _____

My Fast-Acting Medicine: _____

My **Yellow Zone** is between _____ and _____

Dose: _____

My **Red Zone** is below _____

Peak Flow Measurements	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
700														
650														
600														
550														
500														
450														
400														
350														
300														
250														
200														
150														
100														
50														
My Peak Flow Number														
Asthma Symptoms Experienced														
Trigger (<i>i.e.</i> , pet, exercise, illness, smoke)?														
Fast-Acting Medicine Used? (Yes or No)														

Most peak flow meters come with sample peak flow graphs. It is a good idea to make copies. If you no longer have a sample, you can make your own, or use the one above.